

RETURN TO:
CITY OF BRENTWOOD
Human Resources
150 City Park Way
Brentwood, CA 94513
(925) 516-5191
Job Hotline: (925) 516-5188
www.brentwoodca.gov



For City Use Only		
Date Received		
Not Acceptable		
Late Incomp		Ed/Expr

TYPE OR PRINT IN INK

Employment Application

APPLICATION MUST BE COMPLETED BY THE INDIVIDUAL APPLYING FOR EMPLOYMENT
A RESUME WILL NOT SUBSTITUTE FOR THE INFORMATION REQUESTED
FAXES, POSTMARKS AND E-MAILS ARE NOT ACCEPTED

Applications submitted are subject to rejection if they are incomplete and/or do not meet the qualifications listed in the job announcement. Please check the job announcement to see if a **supplemental questionnaire** is required. Notify the Human Resources Office by the recruitment closing date if you require reasonable accommodation in the testing process. **Keep a copy of your completed application for your records.**

Position Applying For: _____

Print Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Home Phone () Business / Alternate () E-Mail _____

☐ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary Driver's License No. _____ State _____ Class _____

Are you available for work on weekends and/or evenings?..... Yes ☐ No ☐

Are you available for overtime?..... ☐ Yes ☐ No

Do you have adequate transportation to and from work?..... ☐ Yes ☐ No

If hired, what date can you start work?..... _____

Have you ever applied to or worked for the City of Brentwood?..... Yes ☐ No ☐

If yes, when? _____

Do you have any relatives working for the City of Brentwood?..... ☐ Yes ☐ No

If yes, state name(s) and relationship: _____

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age) ☐ Yes ☐ No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... ☐ Yes ☐ No

If no, please describe the functions that cannot be performed: _____

NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Upon hire you may be subject to passing a medical examination, and to skill and agility tests.

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony?..... ☐ Yes ☐ No

If yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Each case is considered on its own merits. Do not include minor traffic infractions, convictions where the record has been sealed or expunged, any conviction where probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to any participation in any pre-trial or post-trial diversion programs. This question does not apply to marijuana-related convictions under California Health and Safety Code sections 11357(b), 11357(c), 11360(b), 11364, 11365, or 11550 if more than two years have passed from the date of conviction.

EDUCATION, TRAINING AND EXPERIENCE

School Name	Years Completed (Circle One)	Diploma/Degree	Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School:	9 10 11 12			
College/University:	13 14 15 16			
Graduate/Professional:	17 18			
Other:				

Describe fully any job-related skills, knowledge, special training, certificates or licenses you may possess: _____

Do you speak, read or write any foreign languages?..... ☐ Yes ☐ No

If yes, which language(s)? _____

Veteran's Preference – Do you wish to claim Veteran's Preference? Yes ☐ No ☐ (Please indicate your discharge date _____)

If separated from active duty, you may be entitled to Veteran's Preference. To be considered, you must submit a copy of your discharge papers (DD214).

Have you ever been terminated or asked to resign from any job?..... ☐ Yes ☐ No

If yes, state employer(s) and reason(s): _____

EXPERIENCE – Please list the names of your present and previous employers over the last 10 years with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Omitted information will not be considered or assumed. (Add additional page(s) if necessary)

Title:	Employer's Name, Address & Phone #	Duties:
▼ Month Day & Year ▼		
From:		
To:		
# Hrs per Week:	Supervisor's Name:	Reason for Leaving:
# People Supervised:	Supervisor's Title:	
Monthly Salary:	Supervisor's Phone #:	
Title:	Employer's Name, Address & Phone #	Duties:
▼ Month Day & Year ▼		
From:		
To:		
# Hrs per Week:	Supervisor's Name:	Reason for Leaving:
# People Supervised:	Supervisor's Title:	
Monthly Salary:	Supervisor's Phone #:	
Title:	Employer's Name, Address & Phone #	Duties:
▼ Month Day & Year ▼		
From:		
To:		
# Hrs per Week:	Supervisor's Name:	Reason for Leaving:
# People Supervised:	Supervisor's Title:	
Monthly Salary:	Supervisor's Phone #:	
Title:	Employer's Name, Address & Phone #	Duties:
▼ Month Day & Year ▼		
From:		
To:		
# Hrs per Week:	Supervisor's Name:	Reason for Leaving:
# People Supervised:	Supervisor's Title:	
Monthly Salary:	Supervisor's Phone #:	

REFERENCES: Please list three persons, other than relatives and previous employers (include name, address and phone)

1. _____
2. _____
3. _____

I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application and/or termination of my employment at any time. I hereby authorize the City to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I hereby release the City, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Signature of Applicant _____ Date _____

The City of Brentwood is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

APPLICANT: Please complete this form and submit it with your application. The completed form is confidential and will be separated from your application. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our Equal Employment Opportunity policy and recruitment efforts.

Title of position you are applying for: _____

Reasonable accommodation requests may be made at any stage of the recruitment and selection process. If you require reasonable accommodation, please contact the Human Resources Office to request such accommodation.

How did you learn of this recruitment? (Please check only one)

- ☐ City of Brentwood Employee
- ☐ City Website
- ☐ City Job Hotline
- ☐ Newspaper or Publication _____
- ☐ Community Organization
- ☐ Direct Mailer
- ☐ Internet (other than City website)
- ☐ Other _____

Please indicate gender: ☐ Male ☐ Female

Are you age 40 or above? ☐ Yes ☐ No

Please indicate ethnic origin – Please check **only one**:

- ☐ White – Not of Hispanic origin (all persons having origin in Europe, North Africa or the Middle East, includes Spain and Portugal)
 - ☐ Black – Not of Hispanic origin (all persons having origins in any of the Black racial groups in Africa)
 - ☐ Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture of origin, regardless of race
 - ☐ Asian / Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa
 - ☐ American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition
 - ☐ Other / Bi-racial – Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins
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